

RABIES VACCINATION CERTIFICATE

RABIES TAG NUMBER
192239M

MICROCHIP NUMBER

Owner's Name & Address

LAST LEAHY	FIRST NOREEN	M.I.	TELEPHONE
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NO	STREET	CITY	STATE	ZIP
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SPECIES Canine	SEX M	AGE 2Y	SIZE 77.40	PREDOMINANT BREED Labrador Retriever	PREDOMINANT COLOR/MARKING Black
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DATE VACCINATED: 12-28-19	PRODUCT NAME <i>Defensor 3</i>	MANUFACTURER ZOE	1 yr USDA Licensed Vaccine <input type="checkbox"/>	PET NAME BOB
	Vaccine Serial (Lot) No. 355056		3 yr USDA Licensed Vaccine <input checked="" type="checkbox"/>	
NEXT VACCINATION DUE BY: 12-27-22	1000020		Initial dose <input type="checkbox"/>	ANIMAL CONTROL LICENSE
	VETERINARIAN Kim A. Phan, DVM		Booster dose <input checked="" type="checkbox"/>	
			LICENSE NO. DVM00985	

VETERINARIAN'S SIGNATURE

Kim A. Phan *KAP*

Kim A. Phan, DVM
Newport Animal Hospital
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Middletown, RI
02842

ADDRESS

KEB